

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ME: on		04-01-01
O.I.P.E. CLASSIFIER		49	4/26/01
FORMALITY REVIEW	BZ	TC-3-283	06-01-01
RESPONSE FORMALITY REVIEW	MD	JGRR	09/15/01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	0	9/27/00
2	0	0	
3	0	0	
4	0	0	
5	✓	0	
6	✓	0	
7	✓	0	
8	✓	0	
9	0	0	
10	✓	0	
11	0	0	
12	✓	0	
13	0	0	
14	✓	0	
15	✓	0	
16	0	0	
17	0	0	
18	0	0	
19	0	0	
20	✓	0	
21	0	0	
22	0	0	
23	0	0	
24	0	0	
25	0	0	
26	0	0	
27	0	0	
28	0	0	
29	0	0	
30	0	0	
31	0	0	
32	0	0	
33	0	0	
34	0	0	
35	0	0	
36	✓	0	
37	0	0	
38	✓	0	
39	0	0	
40	✓	0	
41	✓	0	
42	✓	0	
43	0	0	
44	0	0	
45	0	0	
46	✓	0	
47	✓	0	
48	✓	0	
49	0	0	
50	✓	0	

Claim	Final	Original	Date
51	✓	0	9/27/00
52	0	0	
53	✓	0	
54	0	0	
55	0	0	
56	0	0	
57	0	0	
58	0	0	
59	0	0	
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96	0	0	
97	0	0	
98	0	0	
99	0	0	
100	0	0	

Claim	Final	Original	Date
101	0	0	
102	0	0	
103	0	0	
104	0	0	
105	0	0	
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143	0	0	
144	0	0	
145	0	0	
146	0	0	
147	0	0	
148	0	0	
149	0	0	
150	0	0	

If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy

10/1/01  
 196  
 7/17/01